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- (i) To attempt, within a reasonable time after receiving the consent, to consult with the physician; and
- (ii) If attempts to consult directly with the physician are not successful, to notify the physician, within a reasonable time, that he or she is furnishing services to the beneficiary.
- (3) Unless the primary care or attending physician referred the beneficiary to the clinical psychologist, to document, in the beneficiary's medical record, the date the patient consented or declined consent to consultation, the date of consultation, or, if attempts to consult did not succeed, the date and manner of notification to the physician.

[63 FR 20128, Apr. 23, 1998]

§ 410.73 Clinical social worker services.

- (a) Definition: clinical social worker. For purposes of this part, a clinical social worker is defined as an individual who—
- (1) Possesses a master's or doctor's degree in social work;
- (2) After obtaining the degree, has performed at least 2 years of supervised clinical social work; and
- (3) Either is licensed or certified as a clinical social worker by the State in which the services are performed or, in the case of an individual in a State that does not provide for licensure or certification as a clinical social worker.
- (i) Is licensed or certified at the highest level of practice provided by the laws of the State in which the services are performed: and
- (ii) Has completed at least 2 years or 3,000 hours of post master's degree supervised clinical social work practice under the supervision of a master's degree level social worker in an appropriate setting such as a hospital, SNF, or clinic.
- (b) Covered clinical social worker services. Medicare Part B covers clinical social worker services.
- (1) Definition. "Clinical social worker services" means, except as specified in paragraph (b)(2) of this section, the services of a clinical social worker furnished for the diagnosis and treatment of mental illness that the clinical social worker is legally authorized to

perform under State law (or the State regulatory mechanism provided by State law) of the State in which the services are performed. The services must be of a type that would be covered if they were furnished by a physician or as an incident to a physician's professional service and must meet the requirements of this section.

- (2) Exception. The following services are not clinical social worker services for purposes of billing Medicare Part B:
- (i) Services furnished by a clinical social worker to an inpatient of a Medicare-participating hospital.
- (ii) Services furnished by a clinical social worker to an inpatient of a Medicare-participating SNF.
- (iii) Services furnished by a clinical social worker to a patient in a Medicare-participating dialysis facility if the services are those required by the conditions for coverage for ESRD facilities under §405.2163 of this chapter.
- (c) Agreement to consult. A clinical social worker must comply with the consultation requirements set forth at §410.71(f) (reading "clinical psychologist" as "clinical social worker").
- (d) Prohibited billing. (1) A clinical social worker may not bill Medicare for the services specified in paragraph (b)(2) of this section.
- (2) A clinical social worker or an attending or primary care physician may not bill Medicare or the beneficiary for the consultation that is required under paragraph (c) of this section.

[63 FR 20128, Apr. 23, 1998]

§410.74 Physician assistants' services.

- (a) Basic rule. Medicare Part B covers physician assistants' services only if the following conditions are met:
- (1) The services would be covered as physicians' services if furnished by a physician (a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act).
 - (2) The physician assistant—
- (i) Meets the qualifications set forth in paragraph (c) of this section;
- (ii) Is legally authorized to perform the services in the State in which they are performed;
- (iii) Performs services that are not otherwise precluded from coverage because of a statutory exclusion;